

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">26</table> / <table border="1" style="display:inline-table; margin:0 5px;">2019</table>		
Mailing Address 421 Fayetteville St #1020			Amount <table border="1" style="display:inline-table; margin:0 5px;">15000.00</table>		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.13649		
Purpose of Expenditure Phone calls		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">26</table> / <table border="1" style="display:inline-table; margin:0 5px;">2019</table>		
Name of Federal Candidate PERRY, JOAN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: NC <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee i360			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">26</table> / <table border="1" style="display:inline-table; margin:0 5px;">2019</table>		
Mailing Address P.O. Box 37046			Amount <table border="1" style="display:inline-table; margin:0 5px;">5000.00</table>		
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.13651		
Purpose of Expenditure Phone calls		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">26</table> / <table border="1" style="display:inline-table; margin:0 5px;">2019</table>		
Name of Federal Candidate PERRY, JOAN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: NC <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">20000.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">20000.00</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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Signature